

John Jalili has been honored by numerous professional organizations throughout his career. Last June, he was honored by the American Society for Public Administration, Los Angeles Metropolitan Chapter with the Dykstra Award for Excellence in Government. He has been recognized for his many years of public service by the International City/County Management Association. He has also been named one of the most influential people in Santa Monica by The Los Angeles Times' "Our Times" newspaper and was recently honored by the Pier Restoration Corporation for his contributions to the revitalization of the Santa Monica Pier.

John Jalili is known throughout City Hall as a manager who cares deeply about the quality of life of the residents of Santa Monica. He has been a creative, persistent and enthusiastic champion for the city and will be dearly missed by his colleagues and the community he has served.

I ask my colleagues to join me in congratulating John Jalili for his long, distinguished career in public service and in wishing him and his family all the best in the future.

INTRODUCTION OF THE HEALTH CARE PRESERVATION AND ACCESSIBILITY ACT OF 1999

HON. BOBBY L. RUSH

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 26, 1999

Mr. RUSH. Mr. Speaker, State hospitals all over the country are experiencing severe financial crisis due to the Balanced Budget Act of 1997 (BBA 97, P.L. 105-33), which reduced Medicare reimbursements to hospitals and health service providers over a 5-year period. The BBA cuts ordered in 1999 were supposed to slow the growth of Medicare and save \$112 billion over 5 years, including \$4 billion from Medicare payments to hospitals. However, the BBA, which I opposed, has imposed severe financial burdens on teaching hospitals, rural hospitals, skilled nursing facilities, and home health providers. In my State alone, hospitals are estimated to lose \$2.8 billion in Medicare payments over a 5-year period.

The financial burden of the BBA cuts is causing severe pain for the teaching hospitals in my State. Because Illinois ranks fifth in the Nation in the number of teaching hospitals,

and these facilities are expected to lose more than \$1.6 billion over the 5-year period, of the BBA's life. These cuts have a devastating effect on the communities that they serve.

In order to provide relief for these hospitals, I am introducing the Health Care Preservation and Accessibility Act of 1999, which will restore one-third of the difference between the projected and actual savings from hospitals. The legislation will accomplish this by freezing the cuts on teaching hospitals, rural hospitals, children's hospitals that operate graduate medical education programs, skilled nursing facilities and home health care. Specifically, my legislation will restore cuts in the following manner:

Teaching Hospitals: Freezes the cuts in indirect medical payments (IME) to 1999 levels. It also freezes cuts in the disproportionate share payments (DSH payments) at 2% and provides payments directly to those serving a large share of low-income patients.

Children's Hospitals—GME: Directs the Secretary of Health and Human Services to make payments as specified to each children's hospital for the cost reporting period under Medicare for FY 2000 and 2001 for the direct and indirect expenses associated with operating approved medical residency training programs.

Rural Hospitals: Sets a floor on outpatient hospital payments so that rural hospitals do not fall below 1999 levels and establishes a new payment system for rural health centers.

Safety Net Providers: Revises the payment system for community health centers so that it more adequately covers the costs and allows those providers that furnish service to low-income Americans to be directly compensated for their services.

Rehabilitation Therapy Caps: Eliminates the \$1,500 per beneficiary cap imposed by the BBA and replaces it with a payment system that is based on the severity of illness.

Skilled Nursing Facilities: Revises the BBA's new prospective payment system for skilled nursing facilities. My bill will increase reimbursements for patients needing a high level of service to more accurately reflect the cost of their care. It will establish a demonstration program where the rule requiring a 3-day hospital stay for skilled nursing services can be waived for certain illnesses.

Home Health Providers: Delays a 15% reduction in the interim payment system if the Secretary of Health and Human Services misses the deadline for instituting the new prospective system. It also allows for interest free

recoupment of overpayments due to HCFA's underestimation of the interim payment rates for certain agencies.

My legislation also provides additional protections for senior citizens and persons with disabilities and strengthens protections and sanctions for Medicare fraud and abuse.

I hope that my legislation, the Health Care Preservation and Accessibility Act of 1999 will provide the much-needed relief to the Illinois Hospitals that have been harmed by the 1997 BBA-imposed reductions.

HISTORY OF THE HOUSE AWARENESS AND PRESERVATION ACT

SPEECH OF

HON. WILLIAM O. LIPINSKI

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Monday, October 25, 1999

Mr. LIPINSKI. Mr. Speaker, I rise today in strong support of H.R. 2303, the History of the House Awareness and Preservation Act. As an original co-sponsor of H.R. 2303, I believe the private and public sectors of this country would benefit substantially from the commission proposed by my colleagues from Connecticut and Missouri. This comprehensive history of the House of Representatives would provide an accurate, non-partisan picture for all those who are interested in American history and public policy.

In addition, this tax-free effort would be beneficial for current and future Members of Congress. H.R. 2303 includes a provision to authorize the Library of Congress to improve its collection of oral histories from former Members. Also, I am in support of the sense of the Congress provisions that create a historical orientation program for new Members, as well as a Speaker's lecture series. The Majority Leader's lecture series has been a success in the other body, and I expect this forum would be the same.

Furthermore, I believe this commission would be successful because a select board will choose prominent historians who will focus primarily on procedures and policy, as well as personalities. In conclusion, I am reminded by an aphorism that states "Anybody can make history—only a great man can write it." Mr. Speaker, I hope we will find great individuals to write this important book of history.